CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER	MS / MRS /MR FIRST	MI	OFFICE USE ONLY	
NAME	Mr. James	L. SUFFIX	Date Received	
	Jim Luther		RECEIVED	
4 CANDIDATE/		ITY; STATE; ZIP CODE	TILOLIVED	
OFFICEHOLDER MAILING		1 TV 78/011	JAN 1 3 2016	
ADDRESS Change of Address	220 Luther Lane B	Jurnet 12 10011	Burnet Co Elections	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	(512) 755-911	I	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MY. James	MI	Receipt # Amount \$	
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	Jim Luther	Jr.	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	JITE #; CITY; STATE;	ZIP CODE	
ADDRESS	220 Luther Lane	Burnet TX	78411	
(Residence or Business)	LLO LUTTE RATE	, Darrer		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 755-9111	EXTENSION		
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign	
			treasurer appointment (Officeholder Only)	
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	Month	Day Year	
	07/16/2015	THROUGH UI/	13/2016	
11 ELECTION	ELECTION DATE	ELECTION TYPE	TOTAL TRANSPORTED TO THE TRANSPORT	
	Month Day Year Primary 1) 3 / 0 1 / 2016 General	Runoff Other Description		
	03/01/2016 General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	into Precinct 1	
		Durnet Co	unty Precinct 1 Oner	
		Commissi	Dher	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 2**

14 C/OH NAME	m Luth	ner, Jr.	5 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	1 %	
	1	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 120000 \$ itemized	
EXPENDITURE TOTALS	EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES \$			
CONTRIBUTION BALANCE	5. TOTAL OF REF	DAY \$		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVIT	KAREN PERA NOTARY PUE State of Tex. Comm. Exp. 02-2	true and correct and includes all info under Title 15, Election Code. BLIC as 0-2019	erjury, that the accompanying report is primation required to be reported by me didate or Officeholder	
AFFIX NOTARY STAM	IP/SEALABOVE			
Sworn to and subsc day of <u>feb.13</u>		by the said <u>Tames Luther</u> , <u>Tr</u> to certify which, witness my hand and seal of office.	7, this the 13th	
Signature of officer administering oath Frinted name of officer administering oath Frinted name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics C	commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12000
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ D
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ O
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 114000
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ D
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ O
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$171996
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 91164
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ D
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ D
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:		
2 FILER NAME	Jim Luther, Jr.		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (Cal C. Skaggs 6 Contributor address; City; State; 253A Braebum Circle Meac	7 Amount of contribution (\$) 1000			
8 Principal occu		9 Employer (See Instruct	ions)		
Date	Full name of contributor	Zip Code	Amount of contribution (\$)		
Principal occup	315 Yellow Ribbon Trail ation / Job title (See Instructions) 1 Superintendent	Burnet TX 78611 Employer (See Instruct DUNET	cions)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
12/1915	Michael Lucksing City; State; P.D. Burne-	Zip Code	1000		
	Principal occupation / Job title (See Instructions) Employer (See Instructions) AHDrney Self				
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	Contributor address; City; State;	Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
	1				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers))
4 Date 30 15	5 Payee name Highland Lakes News	s papers	
857.50	7 Payan address: City: State: 7in Code	le Marble Falls TX 78654	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date 12/8/15	Payee name Highlander		
302. 50	Payee address; City; State; Zip Code 304 Gateway Loop	Marble Falls TX 78654	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adwertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	_
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services			Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide e	xplains how to co	mplete this form.	
1 Total pages Schedule F4:	2 FILER JIY	1 10 .	Jr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$				
5 Date 1 5 14	5/16 Thomas Graphics				
7 Amount (\$)	8 Payee	address; City; S	tate; Zip Code		
\$171996	\$171996 P.O. Box 142226 Burnet TX 78611				78611
9 TYPE OF EXPENDITURE	T	Political	Non-Pol	itical	
10		ory (See Categories listed at the	^	(b) Descripti	on
PURPOSE OF	tave	ertising Ex	pense	Check	f travel outside of Texas. Complete Schedule T.
EXPENDITURE			•	Check	if Austin. TX, officeholder living expense
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee	name			
Amount (\$)	Payee	address; City; S	tate; Zip Code		
TYPE OF EXPENDITURE		Political	Non-Po	itical	10
	Categ	Ory (See Categories listed at the t	op of this schedule)	Descripti	!
PURPOSE OF					f travel outside of Texas. Complete Schedule T.
EXPENDITURE				Cneck	if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh		ndidate / Officeholder nan	ne Of	fice sought	Office held
1000					
		•		· · · · · · · · · · · · · · · · · · ·	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	I'm Luther, Jr.		3 Filer ID (Ethics Commission Filers)		
12 18 15	DW Printing + Office Supply				
Amount (\$) 90 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 228 S. Main Street B	Surnet TX	78411		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Havernsing Expense		e of Texas. Complete Schedule T. K, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought	Office held		
Date 12/31/2015	Payee name KBEY - FM				
Amount (\$) 150 Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. BOX 10 Marble Ful	IS TR 781	:54		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		e of Texas. Complete Schedule T. C, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held		
Date 10/15/15	Burnet Trophies t	Awards			
Amount (\$) Le . 24 Reimbursement from political contributions intended	Payee address: City; State; Zip Code	Burnet	TX 78611		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		e of Texas. Complete Schedule T. , officeholder living expense		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE G

Office held

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Amount (\$) Street Marble Falls TX 78654 Reimbursement from political contributions intended 8 (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** __ Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Hoover Building Supply, Fra Amount (\$) \$68.01 P.O. Box 457 Burnet TX 78691 political contributions Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Holvertising EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date merica ffh Street Marble Falls TI 78654 Reimbursement from political contributions . intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE ☐ Check if Austin, TX, officeholder living expense

Office sought

Candidate / Officeholder name